

The complaint

Ms H complains Howden Employee Benefits & Wellbeing Limited (Howden) mis-sold her a private medical insurance policy.

What happened

The circumstances of this complaint are well known to both parties and so I've summarised events.

In 2022 Howden recommended Ms H switch her private medical insurance policy from one insurer to another. In 2024 Ms H submitted a reimbursement claim under her policy but her new insurer declined it. It said the consultants Ms H had used weren't covered under the terms of her policy.

Ms H raised a complaint with Howden. She said when she was sold her policy she was led to believe she had access to leading or 'premier' consultants. However, she wasn't informed that her new insurer used its own criteria to define a 'premier consultant'. This led to her incurring costs which haven't been reimbursed.

On 19 December 2024 Howden issued Ms H with a final response to her complaint. It said it was satisfied Ms H's cover with her new insurer was comparable to her previous cover, and it provided sufficient information about the policy it had recommended. Ms H referred her complaint to this Service.

Our Investigator looked into things. She said she didn't think Mrs H's policy had been mis-sold, or that the information provided by Howden was misleading.

Ms H didn't agree with our Investigator. She provided a detailed response but in summary she said she was assured her new policy offered similar benefits to her previous policy, but this wasn't the case as she was denied access to leading consultants. She also said had 'premier consultants' been fully explained, she wouldn't have agreed to switch insurers.

As an agreement couldn't be reached, the complaint has been passed to me to decide.

What I've decided – and why

I've considered all the available evidence and arguments to decide what's fair and reasonable in the circumstances of this complaint.

I want to acknowledge I've summarised Ms H's complaint in less detail than she's presented it. I've not commented on every point she's raised. Instead, I've focused on what I consider to be the key points I need to think about. I mean no discourtesy by this, but it simply reflects the informal nature of this Service. I assure Ms H and Howden I've read and considered everything that's been provided.

When Howden sold Ms H her policy it did so on an advised basis. Under the relevant industry rules Howden had a responsibility to take reasonable care to ensure the policy was suitable for Ms H. It also needed to provide her with information about the policy that was

clear, fair and not misleading.

It doesn't appear to be disputed that generally the policy Ms H was sold provided broadly similar benefits to her existing policy but at a lower premium. Both policies had similar benefits such as unlimited out-patient cover, unlimited MRI, PET and CAT scans, and psychiatric cover. And both policies were underwritten in the same way.

The reason Ms H believes her policy was mis-sold is because the consultants she used for treatment weren't covered under the 'consultant select' level of cover Howden recommended. She said the documentation she was provided referred to 'premier consultants' which she reasonably considered to mean she would be covered to see leading specialists for treatment.

When Howden recommended the new policy to Ms H, it sent her the relevant brochures for the cover it was recommending. This included a 'consultant select' brochure.

I've reviewed this brochure, and I'm satisfied it provides clear information about how the 'consultant select' process works. The brochure explains Ms S would need to get an open referral and then find a consultant using the insurer's 'consultant finder'. This is similar to the process used by her previous insurer, in which it would create a shortlist of hospitals and specialists Ms H could see following an open referral.

I also don't think the brochure provides misleading information about the insurer's 'premier consultants'. The brochure states:

'You're more likely to see a high-performing consultant as our Consultant Finder priorities Premier Consultants, who deliver superior performance outcomes.'

It goes on to explain that premier consultants are shown to deliver superior performance across key measures such as length of stay, re-admission rate and the need for patients to change consultant. It says these are indicated by a premier consultant label.

I acknowledge Ms H has said it wasn't explained that 'premier consultants' were based on the insurer's own internal metrics, rather than the commonly understood meaning of 'premier'. However, I think the brochure was clear about what the insurer considered to be a 'premier consultant' and how they could be identified. So, I wouldn't expect Howden to provide any additional information about this unless it was specifically asked by Ms H.

I also think it's important to note that at the time Ms H purchased her policy, Howden would have been unaware that Ms H would later require treatment, and she'd go on to choose particular specialists to carry out this treatment. Howden could only make a recommendation to Ms H based on the information available to it at that time.

Taking all of this into consideration I don't think Howden mis-sold Ms H her policy. I think it provided her with clear, fair and not misleading information about the policy it was recommending. And I think it has taken reasonable care to ensure the policy it recommended was suitable for her needs at that time.

I'm aware this will be disappointing for Ms H as I know how strongly she feels she has been mis-led by Howden. However, for the reasons I've explained I don't require Howden to take any further action in relation to her complaint.

My final decision

For the reasons I've outlined above I don't uphold Ms H's complaint about Howden

Employee Benefits & Wellbeing Limited.

Under the rules of the Financial Ombudsman Service, I'm required to ask Ms H to accept or reject my decision before 4 February 2026.

Andrew Clarke
Ombudsman